City of Columbus | Department of Development | Building Services Division | 757 Carolyn Avenue, Columbus, Ohio 43224

ZONING REVIEW APPLICATION (A Building Permit may be Required)



ADMINISTRATIVE PARKING WAIVER (3342.02)	□ 1	-, 2-, or 3-FAMILY RESIDENTIAL	☐ CHANGE	OF USE (Zoning)	☐ PRELIMINARY REVIEW	
ADMINISTRATIVE SURFACE WAIVER (3342.24)		4 (OR MORE) FAMILY RESIDENTIAL	□ COMME	RCIAL	\square REGULATING PLAN	
DOTHER	□ A	DMINISTRATIVE PARKING WAIVER (3342.02)	☐ GRADE	AND FILL	☐ TEMPORARY USE (3390))
City	□ A	DMINISTRATIVE SURFACE WAIVER (3342.24)	☐ LOT SPI	IT	☐ UCO PARKING REDUCT	TON (3372)
City		OTHER				
Telephone						
Studivision/Complex Name FAX	Cit	y			Zip Code	
Telephone	Uni	it/Suite #Bldg #/Lot #	Tax District/Parcel(s)#			
FAX Street Address City/State Zip Code	Sul	odivision/Complex Name				
FAX Street Address City/State Zip Code	PROP	PERTY OWNER OF RECORD				
SIGNATURE SIGN						
RELATIONSHIP TO THE OWNER: SELF CONTRACTOR AGENT ARCHITECT/ENG ATTORNEY Name of the Company (if other than self) Telephone	Str	eet Address		City/State	Zip Code	
RELATIONSHIP TO THE OWNER:	E-n	nail Address				
Name of the Company (if other than self) Telephone						
Telephone FAX Street Address City/State Zip Code E-mail Address Soft Account / Pin # Authorized Signature of Account DESCRIBE EXISTING USE OF BUILDING / PROPERTY DESCRIBE EXISTING USE OF PROPERTY) ZOST OF CONSTRUCTION \$ AREA OF CONSTRUCTION SQ FT Zoning District: Height District: Ordinance #: Arch. Review District: LDN #: Overlay District: Flood Zone: Panel # Map Date: Use of Record: Conforming Use Yes No Signature Signature Date Counter Adequacy	REL	ATIONSHIP TO THE OWNER:	□ CONTRACTOR	□ AGENT	☐ ARCHITECT/ENG	☐ ATTORNEY
Street Address	Nan	ne of the Company (if other than self)				
Soft Account / Pin #						
Authorized Signature of Account DESCRIBE EXISTING USE OF BUILDING / PROPERTY PROPOSED WORK (USE OF PROPERTY) AREA OF CONSTRUCTION \$ Zoning District: Ordinance #: Arch. Review District: LDN #: Overlay District: Flood Zone: Use of Record: Use of Record: Counter Adequacy Counter Adequacy Authorized Signature of Account Account Signature of Account Authorized Signature of Account	Str	eet Address				ip Code
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	0	Counter Adequacy				

DATE	ADDITION #
DATE	APPLICATION #

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FOR OFFICE USE ONLY:



	FLAT FEE ONLY			
	Base Fee:	(+)Address Fee:	\$30.00	=TOTAL FEE
<i>L</i> .				
PAYMENT	CALCULATED FEE			
4 Y.N	Base Fee:	(X) # of Units / Hours		_= PREPAYMENT
P_{ℓ}				
	CASHIER LOG #			

FOR OFFICE USE IF CORRECTIONS ARE NEEDED:

YMENT	FLAT FEE ONLY Base Fee:	(+)Address Fee: \$30.00	=TOTAL FEE
CORRECTED PAYMENT	CALCULATED FEE Base Fee:	(X) # of Units / Hours	_= PREPAYMENT
CORRI	CASHIER LOG #		